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PTO/SB/21 (09-04)

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/710,810
Filing Date	AUGUST 4, 2004
First Named Inventor	HAGOPIAN
Art Unit	1773
Examiner Name	LESZEK B. KILIMAN
Total Number of Pages in This Submission	10
Attorney Docket Number	27475/07709

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input checked="" type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): APPLICANT DATA SHEET; RETURN RECEIPT POSTCARD; CHECK FOR \$130;
<input type="checkbox"/> Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	CALFEE, HALTER, & GRISWOLD LLP		
Signature			
Printed name	KENNETH J. SMITH		
Date	6/07/06	Reg. No.	45,115

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature

Typed or printed name

DANIELLE M. RUDOLPH

Date

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)
 130.00
Complete if Known

Application Number	10/710,810
Filing Date	AUGUST 4, 2004
First Named Inventor	HAGOPIAN
Examiner Name	KILIMAN
Art Unit	1773
Attorney Docket No.	27475/07709

METHOD OF PAYMENT (check all that apply)
 Check Credit Card Money Order None Other (please identify): _____

 Deposit Account Deposit Account Number: 03-0172 Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

 Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

 Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEESFee Description

Each claim over 20 (including Reissues)

Small EntityFee (\$) Fee (\$)

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

Total ClaimsExtra ClaimsFee (\$)Fee Paid (\$)Multiple Dependent ClaimsFee (\$)Fee Paid (\$)

- 20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

Indep. ClaimsExtra ClaimsFee (\$)Fee Paid (\$)

- 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 = _____	/ 50 = _____	(round up to a whole number)	x _____	= _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): PETITION TO AMEND ORDER OF INVENTOR NAMES

\$130

SUBMITTED BY

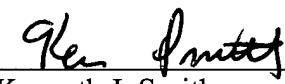
Signature	<u>Kenneth J. Smith</u>	Registration No. (Attorney/Agent) 45,115	Telephone 216-622-8674
Name (Print/Type)	KENNETH J. SMITH	Date	<u>6/6/06</u>

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Should any additional fees be required, please charge deposit account No. 03-0172.

Respectively submitted,



Kenneth J. Smith
Attorney for Applicants
Reg. No. 45,115

JUN 09 2006

Application Information

Application Type::	Utility
Subject Matter::	Utility
Title::	PRODUCT COMPRISING A THIN-FILMED RADIATION-CURED COATING ON A THREE-DIMENSIONAL SUBSTRATE
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	
Small Entity::	No
Petition included?::	Yes
Secrecy Order in Parent Appl.::	

Applicant Information

Applicant Assignee 1	
Applicant Authority type::	Owner
Name::	MasterBrand Cabinets, Inc.
City::	Jasper
State::	Indiana
Country::	US

Application Data Sheet**Page 2 of 6****27475/07709****Customer Number 24024**

Street of mailing address::	One MasterBrand Cabinets Drive
City of mailing address::	Jasper
State or Province of mailing address::	Indiana
Postal or Zip Code of mailing address::	47546

<u>Applicant Inventor 1</u>	
Applicant Authority type::	Inventor
Primary Citizenship Country:	US
Given Name::	David
Family Name::	Hagopian
City of Residence::	Deerfield
State of Province of Residence::	Illinois
Country of Residence::	USA
Street of mailing address::	696 Lombardy Lane
City of mailing address::	Deerfield
State or Province of mailing address::	Illinois
Postal or Zip Code of mailing address::	60015

<u>Applicant Inventor 2</u>	
Applicant Authority type::	Inventor
Primary Citizenship Country:	South Korea
Given Name::	Inho
Family Name::	Song
City of Residence::	Chesterland
State of Province of Residence::	Ohio
Country of Residence::	USA
Street of mailing address::	12466 Bentbrook Drive
City of mailing address::	Chesterland
State or Province of mailing address::	Ohio
Postal or Zip Code of mailing address::	44026

<u>Applicant Inventor 3</u>	
Applicant Authority type::	Inventor
Primary Citizenship Country:	US
Given Name::	Karen A.

Application Data Sheet**Page 4 of 6****27475/07709****Customer Number 24024**

Family Name::	Barkac
City of Residence::	North Huntingdon
State of Province of Residence::	Pennsylvania
Country of Residence::	USA
Street of mailing address::	9980 Buckingham Place
City of mailing address::	North Huntingdon
State or Province of mailing address::	Pennsylvania
Postal or Zip Code of mailing address::	15642

<u>Applicant Inventor 4</u>	
Applicant Authority type::	Inventor
Primary Citizenship Country:	US
Given Name::	Melanie S.
Family Name::	Campbell
City of Residence::	Freeport
State of Province of Residence::	Pennsylvania
Country of Residence::	USA

Application Data Sheet**Page 5 of 6****27475/07709****Customer Number 24024**

Street of mailing address::	105 Campbell Drive
City of mailing address::	Freeport
State or Province of mailing address::	Pennsylvania
Postal or Zip Code of mailing address::	16229

<u>Applicant Inventor 5</u>	
Applicant Authority type::	Inventor
Primary Citizenship Country:	US
Given Name::	Richard
Family Name::	Foukes
City of Residence::	Mars
State of Province of Residence::	Pennsylvania
Country of Residence::	USA
Street of mailing address::	122 Sewickley Farm Circle
City of mailing address::	Mars
State or Province of mailing address::	Pennsylvania
Postal or Zip Code of mailing address::	16046

Correspondence Information

Correspondence Customer Number:: 24024

Representative Information

Representative Customer Number:	24024
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Domestic Priority Information

Application:	Continuity Type:	Parent Application::	Parent Filing Date::

Foreign Priority Information

Not Applicable

Assignee Information

Assignee Name:

Recordation of Assignment: